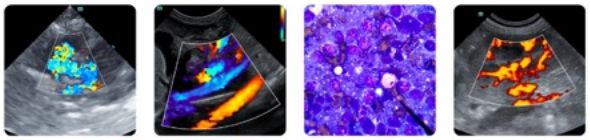


PATIENT

Baxter Mittur

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

15 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Ashley McCaughan

INVOICE

74749

DATE

4/22/26

PRESENTING CLINICAL SIGNS

History: Presents for COHAT and weight loss (small amount, slowly over time). No other concerns, other than 8 extractions needed today.
Abnormal PE/Chem/CBC/UA Results: 3v chest radiographs taken at time of COHAT - DACVR report reads: Conclusion The study indicates mild right sided pulmonary alveolar changes. These could represent bronchopneumonia however if the patient was sedated for image acquisition, atelectasis is also possible. Mild cardiomegaly. Given hypertension, underlying cardiomyopathy may be present. Recommendations If the patient was not sedated for image acquisition, consider postponing the anesthetic event. It would also be prudent to consider cardiac proBNP and echocardiogram pending results. CBC/Chem/T4/UA - all NSF (3/2026)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 3.72×2.81 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.97×2.86 cm, with a cortical thickness of 0.42 cm in the sagittal plane. Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Not confidently visualized.

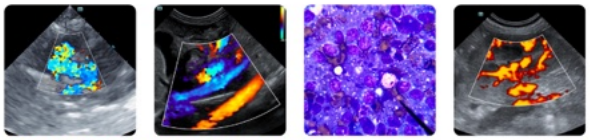
Spleen

Splenic thickness is 0.87 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.88 mm and preserved wall layering, within normal limits for a feline patient (reference approximately 2–3 mm depending on distension). The duodenum measures 1.25 mm. The jejunum measures 1.98 mm, with mucosa 1.09 mm, submucosa 0.56 mm, and muscularis propria 0.25 mm. The ileum measures 1.63 mm, with mucosa 0.53 mm, submucosa 0.82 mm, and muscularis propria 0.25 mm. Wall layering is preserved throughout all segments. The ileocecal junction was not visualized. No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified. Colon: thickness was not recorded; formed fecal material is present in the descending colon.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

Subxiphoid acoustic window

No obvious abnormalities in ventricular or atrial morphology are identified. The left ventricular wall thickness does not appear to exceed 4 mm in systole within the limits of this examination. No pleural or pericardial effusion is observed.

This limited evaluation does not replace a complete echocardiographic study. No pulmonary imaging was obtained to assess the radiographic pulmonary changes previously described.

PRIMARY FINDINGS

- Abdominal ultrasound is within normal limits and does not identify a structural cause for the reported weight loss.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrointestinal tract is normal in wall thickness and layering throughout the evaluated segments, with no ultrasonographic evidence of inflammatory or infiltrative disease.

A limited subxiphoid cardiac view does not identify overt structural abnormalities; however, this assessment is incomplete and not sufficient to evaluate for cardiomyopathy.

Recommendations

- Further evaluation of weight loss may include dietary assessment and monitoring, with

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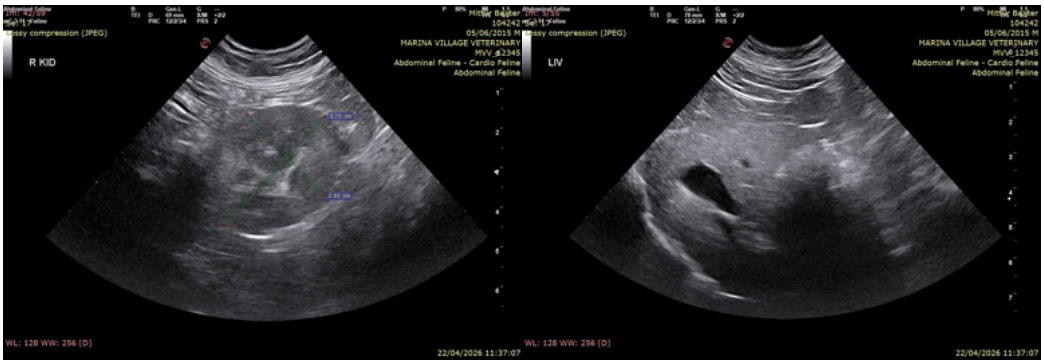
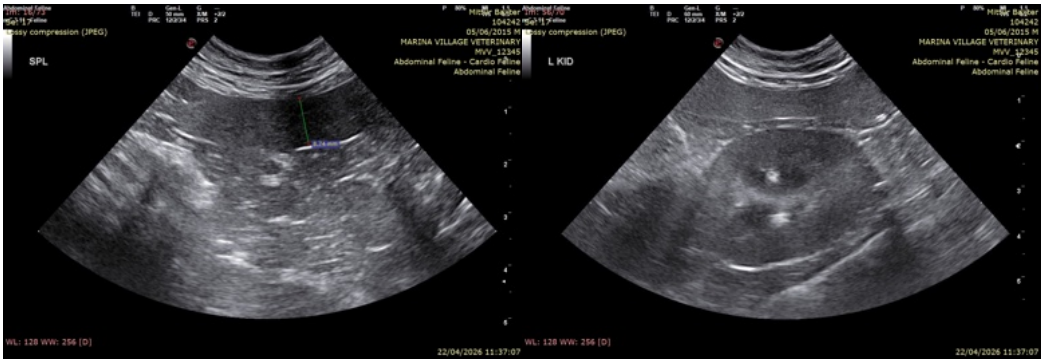
consideration of gastrointestinal functional or early inflammatory disorders not detectable on ultrasound.

- Given prior radiographic findings and history of hypertension, cardiac evaluation (NT-proBNP and/or echocardiography) should be considered as previously recommended.
- If echocardiography is performed, concurrent thoracic ultrasound, including pulmonary evaluation, is recommended to further assess the previously reported radiographic lung changes.
- Thyroid function has been previously assessed (T4 within normal limits). While this reduces the likelihood of hyperthyroidism, repeat testing or additional evaluation (e.g. free T4) may be considered if clinical suspicion persists or weight loss progresses despite otherwise unremarkable diagnostic findings.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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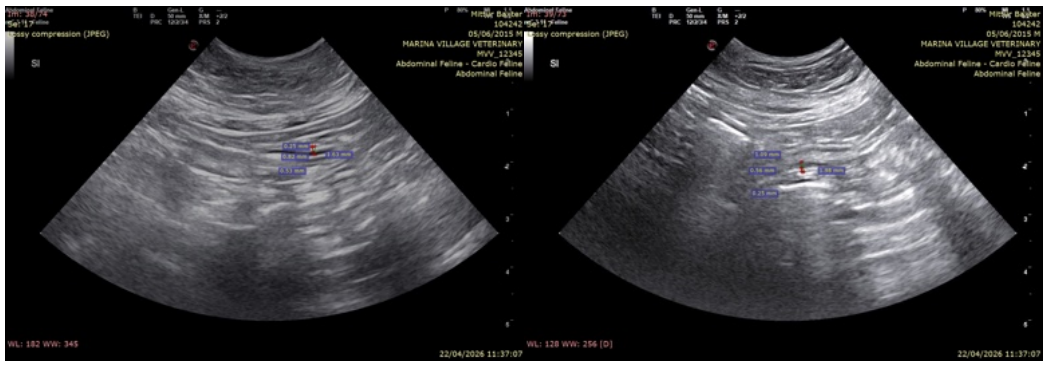

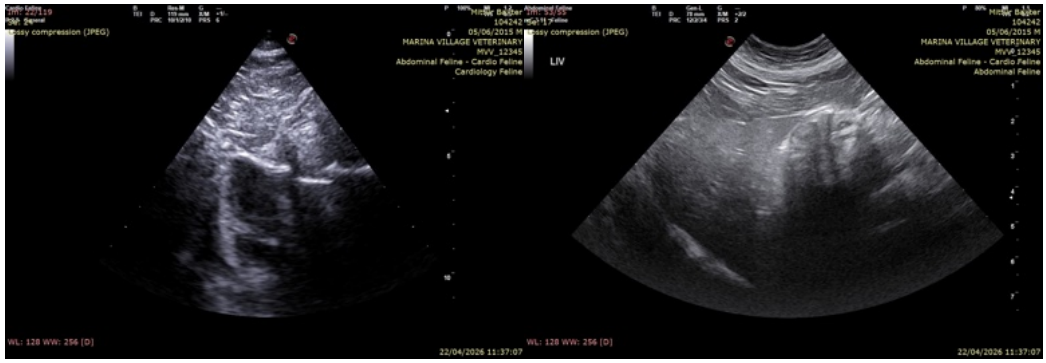

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com